

# The Superintendents' Challenge 2004 Award Application Form

## APPLICATION COVER SHEET

County \_\_\_\_\_

District/County Office of Education (COE) Name \_\_\_\_\_ District/COE Code \_\_\_\_\_

Address, City/Zip Code \_\_\_\_\_

Superintendent \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Challenge Award Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Please indicate under which category you are applying (please select only ONE):**

- ☐ Nutrition Policy
- ☐ Physical Activity Policy
- ☐ BOTH Nutrition AND Physical Activity Policies

**Please check which type applies to your school district/COE. Please select only ONE:**

- ☐ K through 6 District
- ☐ K through 8 District
- ☐ K through 12 District
- ☐ High School District
- ☐ County Office of Education (COE)

**Please select district/COE size:**

- ☐ Small Districts (less than 2,500 ADA)
- ☐ Medium Districts (2,501 to 15,000 ADA)
- ☐ Large Districts (more than 15,000 ADA)

**Please check district/COE funding status:**

- ☐ Funded – received more than \$25,000 over the last five years to develop a nutrition and/or physical activity policy

Please identify the source of these funds \_\_\_\_\_

- ☐ Unfunded – received \$25,000 or less over the last five years to develop a nutrition and/or physical activity policy

**District/COE Superintendent/Designee Signature:** Only one application from each district/COE is accepted. The submitted application should be district supported.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applications must be postmarked no later than **Friday, April 1, 2005**. Please send to:  
**California Task Force on Youth and Workplace Wellness**  
**Attn: Suzanne Flint, Superintendents' Challenge**  
**P.O. Box 221671, Sacramento, CA 95822**

**Check to be sure the following materials are included before mailing:**

\_\_\_\_ Application Cover Sheet with signature    \_\_\_\_ Application    \_\_\_\_ Copy of policy(ies)    \_\_\_\_ Up to five other attachments

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## APPLICATION – Physical Activity

*Please complete this form in full. Each question pertains directly to the eight Challenge criteria. Supporting documents may be attached to this form in order to provide further details. (Please limit supporting documents to five attachments.) The narrative sections of this application are your opportunity to provide more detail on your program as well as your policy's background, focus and implementation plans.*

**1a. What type of policy has your district/County Office of Education passed? Please check all that apply:**

- ☐ Districtwide Nutrition Policy
- ☐ Districtwide Physical Activity and/or Physical Education Policy
- ☐ Pilot-based Nutrition Policy
- ☐ Pilot-based Physical Activity and/or Physical Education Policy

**1b. On what date were the above policies passed?** \_\_\_\_\_

**2a. What components of the school nutrition and physical activity environment do the policies impact? This question refers to Criteria 3 and 6 of the Challenge. Please check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Schools Meals                   | <input type="checkbox"/> Physical Education Instructional Program                |
| <input type="checkbox"/> A la Carte Food Sales           | <input type="checkbox"/> Physical Activity Programs                              |
| <input type="checkbox"/> Snack Shop Food Sales           | <input type="checkbox"/> Physical Fitness Interventions                          |
| <input type="checkbox"/> Beverages                       | <input type="checkbox"/> Environmental/Cultural Impact on Physical Activity      |
| <input type="checkbox"/> Fundraisers                     | <input type="checkbox"/> Administrative Practices that Promote Physical Activity |
| <input type="checkbox"/> Vending Machines                | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Cafeteria/Meal Environment      |  |
| <input type="checkbox"/> Nutrition Education             |  |
| <input type="checkbox"/> Garden-based Learning           |  |
| <input type="checkbox"/> Student and/or Community Hunger |  |

**2b. Please explain further your responses to 2a above.**

*Narrative (Please describe in 350 words or less):*

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**3a. What grades are impacted by all or part of the policies? Please check all that apply:**

- |   |                            |                             |
|---|----------------------------|-----------------------------|
| <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> 4 | <input type="checkbox"/> 9  |
| <input type="checkbox"/> Kindergarten     | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 1                | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2                | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3                | <input type="checkbox"/> 8 |                             |

**3b. If only part of the policies pertain to one or more of the age groups above, please explain:**

*(Please describe in 350 words or less):*

**4a. In addition to students, who in your district or school community is impacted by the policies?**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Administration    |
| <input type="checkbox"/> Staff  | <input type="checkbox"/> Community members |

Other: \_\_\_\_\_

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## 4b. How do the policies impact these groups?

*(Please describe in 350 words or less):*

## 5. Briefly describe how each aspect of the school's environment (as indicated in Question 2 above) is impacted by the policies. Be sure to include all components selected in Question 2.

*(Please describe in 350 words or less):*

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**6. Describe briefly the process that created the district/COE policies? Who was involved?**

*(Please describe in 350 words or less):*

**7. Describe briefly the current district/COE plans for policy implementation. Which parts of the policies have already been implemented, if any? What are the plans for sustainability? Has the implementation been the subject of evaluation? If so, please give a citation.**

*(Please describe in 350 words or less):*

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**8. With what other student health efforts (local, state, or national) is your district/COE familiar and/or affiliated? Please check all that apply:**

- ☐ Adoption of health/nutrition grade level expectations (see *2003 Health Framework*)
- ☐ Adoption of physical education content standards
- ☐ California Department of Education Fitnessgram (**All schools are required to participate in Fitnessgram**)
- ☐ California Department of Health Services (e.g. Nutrition Network, Project LEAN, 5 A Day Campaign)
- ☐ California School Boards Association
- ☐ Coordinated School Health
- ☐ Governor's Buy California Initiative
- ☐ Health promotion/disease prevention programs
- ☐ Jump Rope for Heart, Hoops for Heart, and other physical activity programs
- ☐ Local farmers markets or agricultural organizations
- ☐ Local physical activity coalitions
- ☐ School Health Index Assessment Tools
- ☐ VERB National Youth Media Campaign to promote physical activity
- ☐ Walk to School Programs

Other: \_\_\_\_\_